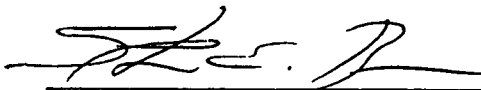



7. to act as a fiscal intermediary for the public health providers for vaccines purchased by the Department of Health and administered to Medicaid recipients;
  8. to monitor the remittance advices to track the dollars reimbursed for vaccines to insure that the billed amount does not exceed the amount of federal financial participation available for matching the general revenue funds appropriated for this purpose;
  9. to notify the Division of Medical Services immediately of any changes in the cost of the vaccines listed above; and
  10. to return to DSS any federal funds which are deferred, and/or ultimately disallowed arising from the claims submitted on behalf of DOH.
- C. The agreement shall be effective upon execution by both departments on July 1, 1992.
- D. This cooperative agreement may be amended at any time changes come about that affect the process outlined above. Such amendment shall be in writing and approved by both departments.
- E. This agreement may be discontinued by either department upon thirty days written notice.

APPROVED BY:

 _____ Department of Social Services	July 9, 1993 _____ Date
 _____ Department of Health	7/13/93 _____ Date

State Plan TNA 93-25 Effective Date 7/1/92  
 Superseces TNA \_\_\_\_\_ Approval Date 12/2/93

Substitute per letter dated 11/30/93

**COOPERATIVE AGREEMENT BETWEEN  
DEPARTMENT OF SOCIAL SERVICES AND DEPARTMENT OF HEALTH  
IMMUNIZATION REIMBURSEMENT SPECIAL PROJECT**

I.

STATEMENT OF PURPOSE

- A. The purpose of this agreement is to specify responsibilities regarding the immunization reimbursement special project. The Department of Social Services, Division of Medical Services, and the Department of Health will work cooperatively to provide a framework for the administration and reimbursement for the vaccines listed below.

90701W4	DTP
90707W4	MMR
90712W4	OPV
90718W4	Td
90724W4	Influenza (0.25 cc)
90724YAW4	Influenza (0.50 cc)
90730W4	Hepatitis B (1cc)
90731W4	Hepatitis B (0.50 cc)
90731YBW4	Hepatitis B (0.25 cc)
90737W4	HIB Titer (HbCV)
90741W4	Immune Globulin (IG)
90742W4	Hepatitis B Immune Globulin
Z2054W4	Tetramune (0.5 cc)
Z2055W4	DTAP, Single Vaccination

II.

GENERAL PROVISIONS

- A. The Department of Social Services agrees:
1. to process for payment the claims submitted by the State Department of Health, either electronically or on paper, for vaccines purchased by the Department of Health and administered to Medicaid recipients by public health;
  2. to maintain the identified procedure codes in the Medicaid pricing file which are appropriate for the local health departments (Department of Health) to bill for state purchased vaccines provided to Medicaid recipients;
  3. the Department of Health has a clinic Medicaid provider number (and a physician performing provider number) to be used for billing Missouri Medicaid for state purchased vaccines administered to Medicaid recipients by public health providers;
  4. that the Department of Health will be the payee and all payments and payment documentation will be sent to the Department of Health;

State Plan TH# 93-25

Effective Date 7/1/93

Supersedes TH# \_\_\_\_\_

Approval Date 12/2/93

Substitute per letter dated 11/30/93 "

5. to provide access to Medicaid paid claims data to the Department of Health for the purpose of producing a report on Department of Health purchased vaccines administered to Medicaid recipients by local public health providers;
6. to maintain the following administration codes for public health providers to use for billing the administration fee for administering vaccines purchased by the Department of Health to Medicaid eligible adults (J0110) and children under the age of 21 (J0110YG). These administration codes will be edited and denied payment as duplicates if an office visit is billed on the same date of service by the same provider; and
7. to provide updates of any procedure change affecting this cooperative agreement to the Department of Health at the earliest possible date.
8. to meet quarterly with the Department of Health for program development, review and evaluation.

B. The Department of Health agrees:

1. to utilize the appropriate Medicaid provider numbers for the Department of Health to receive payments for Department of Health purchased vaccines administered to Medicaid recipients;
2. to train public health providers in billing procedures for the administration of vaccines in accordance with Medicaid policy; all written material concerning this process will be coordinated with DMS before distribution;
3. to electronically collect information on Department of Health purchased vaccines administered to Medicaid recipients by public health providers;
4. to provide vaccine costs and updates to the Division of Electronic Data Processing to use in producing an ad hoc report;
5. to, on a monthly basis, produce an ad hoc report containing vaccine administration information to include internal control number, departmental client number, ME code (Medicaid Eligibility), local health department provider number, vaccine procedure code, quantity, date of service, vaccine costs with subtotals, totals, and Fiscal Year to date totals;
6. to submit along with the invoice to the Division of Medical Services, a copy of the monthly report (item 5) containing claims payment detail for the administration of DOH purchased vaccine;

State Plan T# 93-25

Effective Date 7/1/93

Supersedes T# \_\_\_\_\_

Approval Date 12/2/93

Substitute per letter dated 11/30/93 "


Attachment 4.16 - Y

7. to act as a fiscal intermediary for the public health providers for vaccines purchased by the Department of Health and administered to Medicaid recipients;
  8. to monitor remittance advices (RAs) to track the dollars reimbursed for vaccines to insure that the amount billed does not exceed the amount appropriated for this purpose;
  9. to notify the Division of Medical Services immediately of any changes in the cost of the vaccines listed above; and
  10. to return to DSS any federal funds which are deferred, and/or ultimately disallowed arising from the claims submitted on behalf of DOH.
  11. to meet quarterly with the Department of Social Services/ Division of Medical Services for program development, review and evaluation.
- C. The agreement shall be effective upon execution by both departments on September 1, 1993.
- D. This cooperative agreement may be amended at any time changes come about that affect the process outlined above. Such amendment shall be in writing and approved by both departments.
- E. This agreement may be discontinued by either department upon thirty days written notice.

APPROVED BY:

  
\_\_\_\_\_  
Department of Social Services

July 9, 1993  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Department of Health

7/13/93  
\_\_\_\_\_  
Date

State Plan T# 93-25 Effective Date 7/1/93  
Supersedes T# \_\_\_\_\_ Approval Date 12/2/93

**COOPERATIVE AGREEMENT BETWEEN  
THE DEPARTMENT OF SOCIAL SERVICES, Division of Medical Services  
and  
The Poplar Bluff R-I School District**

**EPSDT ADMINISTRATIVE CASE MANAGEMENT through the  
HEALTHY CHILDREN AND YOUTH PROGRAM (EPSDT)**

**STATEMENT OF PURPOSE**

The Missouri Department of Social Services (DSS) through its Division of Medical Services (DMS) and the Poplar Bluff R-I School District, in order to provide the most efficient, effective administration of Title XIX, Early Periodic Screening, Diagnosis and Treatment (EPSDT) aka in the state as Healthy Children and Youth, hereby agree to the conditions included in the Cooperative Agreement. The provision of EPSDT/HCY Administrative Case Management by the Poplar Bluff R-I School District has been determined to be an effective method of assuring the availability, accessibility and coordination of required health care resources to Medicaid eligible children residing within the boundaries of the Poplar Bluff R-I School District.

The Department of Social Services, Division of Medical Services recognizes the unique relationship that the Poplar Bluff R-I School District has with EPSDT/HCY eligible clients and their families. It further recognizes the expertise of the Poplar Bluff R-I School District in identifying and assessing the health care needs of EPSDT eligible clients and in planning, coordinating and monitoring the delivery of preventative and treatment services to meet their needs. DSS, in order to take advantage of this expertise and relationship, enters into this cooperative agreement with the Poplar Bluff R-I School District for EPSDT Administrative Case Management.

The Department of Social Services, Division of Medical Services recognizes the Poplar Bluff R-I School District as the most suitable agent to administer case planning and coordination through EPSDT Administrative Case Management for its EPSDT eligible clients and their families.

The Department of Social Services and the Poplar Bluff R-I School District enter into this Cooperative Agreement with full recognition of all other existing agreements which the Department may have developed for services to Title XIX eligible clients living within the Poplar Bluff R-I School District's boundaries and which are currently included in the Title XIX State Plan.

TN No. 97-07Approval Date DEC 24 1997Supersedes TN No. 95-53Effective Date 9/1/97

**I  
MUTUAL OBJECTIVES**

1. Assure that all Title XIX eligible clients under the age of 21 and their families are informed of the EPSDT/HCY benefit and how to access it.
2. Assure that assistance is provided to children and their families in determining their eligibility for participation in Missouri's Medicaid plan.
3. Assure early and appropriate intervention and screening so that diagnosis and treatment occur in a timely manner.
4. Establish a health care home as defined in Section 9 of the General Chapters of the Medicaid Provider Manual, for those Medicaid eligible children receiving EPSDT/HCY service coordination activities.
5. Assure that services are of sufficient amount, duration and scope to correct or ameliorate the condition for which they were determined to be medically necessary.
6. Assure that services are provided by appropriate Medicaid enrolled providers for the correction or amelioration of conditions identified through a full, partial, or inter-periodic EPSDT/HCY screen.
7. All terms of this Agreement and procedures are to adhere to OMB Circular A87.
8. Administrative claims under this agreement shall not duplicate other claims for Medicaid services or administrative activities.

**II  
RESPECTIVE RESPONSIBILITIES**

**DSS agrees to:**

1. Reimburse the Poplar Bluff R-I School District the Title XIX federal share of actual and reasonable costs for EPSDT administration provided by staff based upon a time-accounting system which is in accordance with the provisions of OMB Circular A87 and 45 CFR parts 74 and 95; expense and equipment costs necessary to collect data, disseminate information and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. The rate of reimbursement for eligible costs qualifying under regulations application to Skilled Professional Medical Personnel

TN No. 97-07

Approval Date                     

Supersedes TN No. 95-53

Effective Date 9/1/97

and their supporting staff (compensation, travel and training), will be reimbursed at 75% when the criteria of 42 CFR 432.50 are met. Changes in federal regulations affecting the matching percentage and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.

2. Provide the access to the information necessary to properly provide the EPSDT Administrative Case Management.
3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the Poplar Bluff R-I School District.
4. Provide initial training and technical assistance to staff of the Poplar Bluff R-I School District regarding the responsibilities assumed within the terms of this agreement.
5. Conduct in service training sessions for participating school districts on an annual basis.
6. Provide necessary consultation to the Poplar Bluff R-I School District on issues related to this agreement as needed by the school district.
7. Accept federally approved cost allocation on file at DESE as official cost allocation plan to be used in calculating amount of payment due.

**The Poplar Bluff R-I School District agrees to:**

1. Provide EPSDT Administrative Case Management as an instrument for the Department of Social Services, Division of Medical Services, to aid in assuring the availability, accessibility and coordination of required health care resources to Medicaid eligible children and their families residing within the district's boundaries. The Poplar Bluff R-I School District shall develop and submit within 90 days of the signing of this agreement, for approval by DMS, an internal process for measuring the progress of the district toward attainment of the ACM Program goals. The following list of activities have been identified as appropriate for providing the Administrative Case Management function.
  - a. Assisting children and families to establish Medicaid eligibility, by making referrals to the Division of Family Services for eligibility determination, assisting the applicant in the completion of the Medicaid application forms, collecting information, and assisting in reporting any required changes affecting eligibility.

TN No. 97-07

Approval Date DEC 24 1997

Supersedes TN No. 95-53

Effective Date 9/1/97

## b. Outreach Activities:

- (1) informing foster care providers of all Title IV-E eligible children enrolled in DESE operated programs of the HCY/EPSTD program;
- (2) informing Medicaid eligible students who are pregnant or who are parents and attending DESE operated programs about the availability of HCY/EPSTD services for children under the age of 21; and
- (3) Outreach activities directed toward providers, recruiting them to become Medicaid providers and to accept Medicaid referrals.

## c. Coordination of HCY/EPSTD Screens and Evaluations:

Assistance will be provided to eligible children and their families in establishing a medical care home as defined in Section 9 of the general chapter of the Missouri State Medicaid Manual. A medical care home is a coordinated, comprehensive, continuous health care program to address the child's primary health needs. The health care home should provide or make arrangements for after hours care, and coordinate a child's specialty needs. The health care home should follow the screening periodicity schedule and perform interperiodic screens when medically necessary. Conditions identified during the course of care may require the development of a plan of care. Coordination activities include, but are not limited to:

- (1) making referrals and providing related activities for EPSTD/HCY screens in accordance with the periodicity schedule set out in Section 9 of the General Section of the State Medicaid Provider Manual. EPSTD screens include comprehensive health and developmental, mental health, vision, hearing and dental screens.
- (2) making referrals and providing related activities for evaluations that may be required as the result of a condition identified during the child's screen;

## d. Case Planning and Coordination:

This activity includes assistance to the client and the family in developing and carrying out a case or service plan. Activities include, but are not limited to;

- (1) identifying and arranging for medically necessary services to correct or ameliorate conditions identified in the child's Individual Educational Plan (IEP) or Individualized Family Service Plan (IFSP);

TN No. 97-07Approval Date DEC 24 1997Supersedes TN No. 95-53Effective Date 9/1/97



- (2) identifying and providing assistance for medically necessary and educationally relevant services required as the result of any regular, interperiodic, or partial EPSDT/HCY screen;
  - (3) developing and coordinating the meetings of any interdisciplinary teams that may be able to assist in the development and periodic review of the of the IEP or ISFP;
  - (4) coordinating the closure of the case, referral to any services, and realignment of the case plan (IEP or ISFP);
  - (5) assisting children and families in accessing immunization services and scheduling appointments;
  - (6) arranging and coordinating prenatal, post-partum, and newborn medical services, making referrals to providers of targeted prenatal case management;
  - (7) arranging and coordinating dietary counseling or medical services for children with medical needs including, but not limited to, gross obesity, diabetes, anorexia, or bulimia; and
  - (8) arranging for and coordinating transportation for children and families to obtain medical screenings and services.
- e. Anticipatory guidance to caretakers relating to specific medical needs of a child.
- 2. Account for the activities of staff providing EPSDT Administrative Case Management in accordance with the provisions of OMB Circular A 87 and 45 CFR parts 74 and 95. Follow predetermined methodology for evaluating the appropriate percentage of staff time, costs, etc. Develop and submit time study methodology with initial invoice.
  - 3. Provide as requested by the Division of Medical Services, the information necessary to request federal funds available under the state Medicaid match rates.
  - 4. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administrative, technical assistance and coordination.
  - 5. Certify to DSS the provisions of the non-federal share for HCY Administrative Case Management via completion of DMS "Certification of General Revenue" form.
  - 6. Accept responsibility for disallowances and incur the penal-

TN No. 97-07Approval Date 9/1/97Supersedes TN No. 95-53Effective Date 9/1/97

ties of same resulting from the activities associated with this agreement. Return to DSS any federal funds which are deferred and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the Poplar Bluff R-I School District.

7. Consult with the Division of Medical Services on issues arising out of this agreement.
8. Conduct all activities recognizing the authority of the state Medicaid agency in the administration of state Medicaid Plan on issues, policies, rules and regulations on program matters.
9. Maintain all necessary information for a minimum of five (5) years to support the claims and provide HCFA any necessary data for auditing purposes.
10. Submit claims on a quarterly basis.

### III PROGRAM DESCRIPTION

EPSDT Administrative Case Management activities provide for the efficient operation of the state Medicaid plan. These activities aid the potential EPSDT eligible recipient to gain eligibility, access screening services, follow-up on referrals to additional medical providers, establish a health care home for the child, develop and coordinate a service plan, follow through on the case plan and assist the family in becoming able to meet its child's needs in such a way that they are able to function at an optimal level with minimal intervention.

EPSDT Administrative Case Management is committed to the least restrictive method of treatment for children and will maintain this as a priority.

### IV PROGRAM EVALUATION PLAN

A designated representative from the Poplar Bluff R-I School District and the Medicaid agency shall meet annually for the purpose of program review and evaluation of policies for implementing the provisions of the interagency agreement.

### V TERMS OF THIS AGREEMENT

The period of this Cooperative Agreement shall be from September 1, 1997, through September 30, 1999. This agreement shall be

TN No. 97-07

Approval Date DEC 24 1997

Supersedes TN No. 95-53

Effective Date 9/1/97